



IDAHO DEPARTMENT OF LANDS VOLUNTEER FIRE ASSISTANCE GRANT APPLICATION

Available electronically on
the web at:
www.idl.idaho.gov

Fire Department/District:		Date:	
Address:		Phone:	
City:	State: ID	ZIP:	County:
Name and Title of Person Making Application:		Name of Fire Chief:	
E-mail Address:		Signature of Fire Chief:	
		<i>Application will not be considered unless signed by Fire Chief.</i>	
Population of Service Area:	Number of Seats on Wildland Apparatus:	Number of Firefighters in Department/District:	
		Volunteer:	Paid (if any):
Detailed Description of Project. Include an itemized estimate and/or vendor quote for all equipment and/or services. All estimates and/or vendor quotes <u>must</u> be GSA or equivalent prices. Attach additional sheets as needed.			

CATEGORIES	GRANT FUNDS	HARD MATCH 10% Required
Category 1 – Organization of New Fire Department/District <i>Building, land, and/or maintenance will not be funded.</i>		
Category 2 – Firefighter Training <i>List audio visual equipment in Category 5 – All Other Equipment.</i>		
Category 3 – Personal Protective Equipment <i>Please Note: Wildland firefighting boots will not be funded.</i>		
Category 4 – Radio and Communications Equipment		
Category 5 – All Other Equipment		
	TOTAL GRANT REQUEST	\$
TOTAL COST OF PROJECT		Grant Funds + Match = \$

Is this project/need identified in your County Wildfire Protection Plan (CWPP) or annual CWPP project priority update?

Yes, in CWPP or update ____ Pg. # ____ No, NOT in CWPP or update ____

County plans and updates are posted on the web at www.idl.idaho.gov/nat_fire_plan/county_wui_plans/index.htm

Is your Fire Department/District located in a high, medium, or low risk area as identified in your County Wildfire Protection Plan?

High ____ Medium ____ Low ____

Fire occurrences **three-year average:** ____ Will this project result in reduced insurance ratings? Yes ____ No ____

List community(ies) assisted by this project. ____

Has applicant applied for and/or received grant funds for specific project(s) listed above from any other federal, state, or private agency? Yes ____ No ____

If yes, list agency name and dollar amount: Agency Name: ____ Amount: ____

Please return this application to your local Idaho Department of Lands Fire Protective District/Area Office or Timber Protective Association. Office location information available at www.idl.idaho.gov.